POSITION	INITIALS	ID NO.	DATE
			11
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	30		1179
FORMALITY REVIEW	ρ	69934	01/001
RESPONSE FORMALITY REVIEW			
			1

INDEX OF CLAIMS

,		Rejected		Non-elect
_	(Through numeral) I	Canceled		Appeal
			0	Objected

Claim		=Allowed	I	
Chairs		 (Through numeral) Canceled 		1
S		÷ Restricted	O	
S	_			100
	Claim .			¥ .
1	1 2/2/18	1		Yo
1	B 8 0 3		1 2 2	2
1	E O Le		+++++++++++++++++++++++++++++++++++++	4.12
1		 		
Column C				
Style				
Section Sect	1 5 1 1 1	1 55		
ST ST ST ST ST ST ST ST	100		106	
10				
Col Col	8	58		
10	9	59		-
C C C C C C C C C C	10			
13	111			
16				
15				
16				
17				
16				
10				
1				
Total Tota	120			
100 100		 		
10	1200			
155	100	+ - - - - - - - - -		
100 100			125	
177 177 177 177 177 177 177 178 177 178			1, 126	
78				
100 100				
31	29			
10				
Q1				
Add				
155	133			~
37	34			
37	35			
35				
10				
1				
1				
A2				
44				
45				
144				
67 97 148 148 169 169 146 166 166 166 166 166 166 166 166 166				
48 99 148 14G				
49 99 145				
so hod hsd hsd				
	50	hod I I I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

Best Available Copy